## **APPENDIX II: PROSTART® EXAMINATION INFORMATION FORM**

## **ProStart® Examination Information Form**

All copies of this form must be as clear and dark as the original.



All information in Sections I & 2 must be completed for the NRAEF to score the Answer Sheets.

Section I—Contact Information (REQUIRED)	
Teacher Name	
High School Name	
Mailing Address for Results and Certificates	
Phone Number	Email
Section 2—Examination Administra	ation Information (REQUIRED)
Examination Form	Examination Date
Number of Answer Sheets Enclosed	
hours of the Examination date. Detail	ciation Educational Foundation ration Department
Fax Workplace Validation Forms to 3 Answer Sheets!	312.566.9733. Do not submit Workplace Validation Forms with
to access grade information within 15 bus following the instructions on the Instructor	nation from the Instructor Resource area of our Web site at www.nraef.org siness days of the Examination date. Log-in rights may be obtained by or/Proctor Log-In screen. Your Class Analysis Score Report (Full Class via UPS to the address in Section 1 of this form.
·	or any deviation from the standard procedures outlined in the <i>ProStart</i> ling, but not limited to, a failure to return Answer Sheets via in-route
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Updated August 2006